

Charles County Access to Care Forum Work Plan
July 11, 2014

	Action Steps				Progress Update
	30 Days	60 Days	90 Days	Long Term	
Issue 1: System Capacity- Workforce/Network Adequacy Issue Statement: <i>Ensure a sufficient number of providers with the range of specializations needed</i> Facilitators: Sara Haina, Brigit Locklear and Jaime Barnes					
Strategy 1: Simplify Panelling Process - barriers include: (1) credentialing/panelling process takes a long time w/ different rules for everyone & Boards shut down in July & August; (2) rate for private insurance less than Medicaid; (3) lose providers in 1-2 years; (4) 30-mile radius not convenient for Charles County residents; (5) transportation issues; (6) lack of tele-supervision - must be face to face; (7) kids go on/off private/public insurance leading to interrupted therapy; (8) high co-pays; (9) those w/ private insurance & secondary Medicaid - providers will not accept the latter	1) Survey providers on; (a) time limits and (b) if outpatient clinic should accept group provider; 2) recommend that DHMH negotiate with insurance companies to provide "umbrella for coverage; 3) collect data - i.e. timing for panelling; focus groups	Develop Policy Statement to BHA - a "white paper"	Change of geographic restrictions - "actual CC providers"	Reach out to: 1) insurance carriers; and 2) licensing boards	
Strategy 2: Recruitment and Retention in PMH sectors	Partner with DHMH to get information on how to involve boards in loan assistance	Expand incentive program by local governments to BH providers	Professional schools - shared emphasis on private practice	Development of tele-supervision regulations Increase of pay and livable wages for providers	
Strategy 3: Increase of marketing of providers on local and state level - ideas from notes include: "white paper" and "investigation"					
Strategy 4: Sharing of recruiters and grant writer					

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Issue 2: System Capacity/ Infrastructure Issue Statement: <i>Ensure the infrastructure needed to meet demand for services</i> Facilitator: Karyn Black	30 Days	60 Days	90 Days	Long Term	Facilitator;: Karyn Black
Strategy 1: Inpatient Services	Engage with the local hospital around and 30 day revisit issues for individual with Behavioral health	Engage with regional Inpatient units to improve coordination of care upon discharge			
Strategy 2: Recovery Housing	Explore options and barriers to development		Develop Steps and a plan to support address the issue		
Strategy 3 : Tele-Psychology/other providers in outlying access	Participate in the state process for [A's?] being considered and then implemented	Explore technical barriers existing in outlying areas of the County			
Strategy 4: Crisis Beds	Look at alternative funding streams		Conduct a study of funding for grant restructure/reallocation to allow for expansion		
Strategy 5: Under Utilization of Services	Public Education and marketing to community and providers of different levels of services & increase awareness of		Plan ongoing efforts to address changes and continue to increase awareness		

Issue 3: Consumer Navigation of Health Care Delivery System Issue Statement: <i>Consumer Navigation of the Health Care Delivery System</i> Facilitator: Linda Halterman-Thomas	30 Days	60 Days	90 Days	Long Term	Progress Update
Strategy 1: Health Assessment for non-behavioral health providers - to identify behavioral health issues to prevent ED visits	(1) Create Health Assessment Tool; (2) Provide tool with resources; (3) Provider lists ; (4) Education and training ; identify the behavioral health issues to prevent emergency room visits	(1) Case Management to follow up; (2) Continued Education and training	(1) Recovery coaches -collaboration with other agencies; (2)Education and Training	Education and Training	
Strategy 2: Education and Public Awareness Campaign - Recovery Coaches, Public Service Announcement; Family Practices; Shelters	(1) Provider list ; (2) Talk to physicians board; (3) Took kit with information ; (4) Education	Follow up with physicians and family practices	Provide education and information at meetings including providers and community associations	Education and information distribution in community settings. i.e. barber shops, beauty shops, and nail salons	

Strategy 3: Develop a Collaborative Model & Build Strong Partnerships	Identify Agencies willing to work together ; review data to determine who is using ED for behavioral health services and which services	Train individuals - Train the trainer model	Provide education out in the community	Reduction in ED visits & readmissions	
Strategy 4: Notification system to inform physicians of ED visits by their patients			Process for navigators to do patient follow-up to determine adherence to treatment regimen	Process for navigators to provide information to other providers related to additional diagnoses and/or recommended treatments	
Strategy 5: Cultural Competency for Patient Navigator based upon ethnic and/or racial background	(1) Speak at community events with diverse populations (Hispanic, Asian, African-American, etc.); (2) Peer to Peer to gather required information	Create materials that meet cultural competency and related standards and at appropriate reading levels		Reduction in ED visits & readmissions	

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Issue 4: Community Supports Issue Statement: <i>Ensuring the necessary community support services are available to achieve recovery</i> Facilitator: Joyce Riggs					
Strategy 1: Merge Mental Health Advisory Council and the Drug and Alcohol Council	Identify regulations that govern two committees	Educate State and Local Politicians on need to appoint appropriate members in a timely manner	(1) Support and fund council for efforts moving forward to address gaps in behavioral health care (2) Use as PHCC Behavioral health team		
Strategy 2: Address lack of access to services for insured residents	Needs assessments of providers and services participating in insurance carriers' panels	Identify and plan for gaps in insurance coverage i.e. financial assistance for deductible & copays	Identify and secure funding sources for provider recruitment & patient financial assistance		
Strategy 3: Adequate and affordable housing	Identify existing resources i.e. transitional housing, recovery housing, homeless, domestic violence, and section 8	Lobby & promote needs to State & local politicians and community organizations	Work to Develop a long term housing plan from treatment through recovery and beyond		
Strategy 4: Educate Providers (Including Dentists) on Behavioral Health issue identification & resources	Educate Providers (Possibly CME) on the availability of BHPP Program to increase provider usage (and other existing resources)	Use Pharmacies to educate physicians on proper use of pain management tools			

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Issue 5- Health Insurance Enrollment and Plan Design Issue Statement: <i>(a) Maximize and maintain enrollment among the newly insured and vulnerable & hard to reach populations; and (b) ensure that plan benefits and services meet the needs of the behavioral health population</i> Facilitator: Chrisie Mulcahey					
Strategy 1: Consumer Education	(1) Create updated list of Connector Entity partners with navigators and assisters; (2) Compile list of local agencies; (3) Campaign to educate currently enrolled on need to re-enroll	(1) Distribute list to local agencies; (2) Begin a campaign to educate community on open enrollment (Nov. 15, 2014 - Feb. 15, 2015); (3) campaign to remove stigma associated with Medicaid to encourage enrollment; (4) educate providers on how to communicate with Medicaid patients	(1) Establish a group of community health advocates to encourage enrollment; (2) Increase presence in community via outreach; (3) Schedule Q & A sessions	Continue work with community health advocates, including faith-based community to target the disadvantaged, foster care youth, and ethnic groups.	

Strategy 2: Increase outreach efforts	(1) Create simplified comprehensive list of program highlights; (2) Identify providers; (3) compile list of behavioral health providers; (4) partner with local groups	Distribute list to local agencies and begin campaign to educate community on behavioral health providers	Collaborate and increase presence at community events; Partner with behavioral health providers; partner with faith-based groups; Catholic charities; and	Coordination of care with behavioral health providers and community health workers	
Strategy 3: Follow-up after enrollment	(1) Create contact list for consumers, who received enrollment assistance; (2) Compile list of health clinics that accept Medicaid	(1) target ages 19-30 to increase awareness on importance of insurance (2) Contact consumers to: (a) assess their ability to access care; and (b) determine	Begin education campaign re. need to re-enroll	(1) Maintain open lines of communication with consumers; (2) Keep them engaged through mailings and reminders annually or more frequently as required	
Strategy 4: (1) Reduce stigma associated with Medicaid; (2) Provide education on benefits of Medicaid and private insurance	(1) Conduct research to determine behavioral health benefits associated with Medicaid and private insurance ; (2) Create marketing campaign with "real	Create a simplified comprehensive document to compare/contrast benefits	Seek outreach opportunities to educate the community on the benefits of, and access to, health care		